



## Application for Free Talking Book & Braille Library Service

Kentucky Talking Book Library  
P O Box 537  
Frankfort, KY 40602-0537

Statewide Toll-Free 1-800-372-2968

Local 1-502-564-8300

Please Print. Information given on this application is confidential and is not for public release.

Name \_\_\_\_\_  
First Middle Last

Mailing Address \_\_\_\_\_  
Street (or P O Box #)

\_\_\_\_\_ City County State Zip

Phone No \_\_\_\_\_ Email \_\_\_\_\_  
Area Code

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_  
(If applicant is under 18 years of age)

Name of relative or close friend to contact in the event that you cannot be reached  
(cannot live at your address):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Has the applicant ever been a patron of a Talking Book/Braille library?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, where \_\_\_\_\_ When \_\_\_\_\_

By law, preference in lending books and equipment is given to veterans. Please check here if you have been honorably discharged from the Armed Forces of the United States. \_\_\_\_\_

## **Playback Equipment & Accessories**

Playback equipment and special accessories are supplied to eligible persons on extended loan. If this equipment is not being used in conjunction with recorded reading material provided by the Library of Congress and its cooperating libraries, it must be returned to the Kentucky Talking Book Library.

\_\_\_\_\_ Talking Book player

\_\_\_\_\_ Pillow Speaker (bedfast only)

\_\_\_\_\_ Braille books

\_\_\_\_\_ Solar battery charger (no access to electricity)

\_\_\_\_\_ Headphones (for patrons  
with hearing loss or in group settings)

\_\_\_\_\_ Amplifier (for profound hearing loss only;  
separate application required)

Do you have any difficulty using your hands? \_\_\_\_\_ Yes \_\_\_\_\_ No

---

## **Certification**

Visual and physical disabilities **MUST BE CERTIFIED** by one of the following: doctor of medicine or osteopathy, optometrist, librarian, professional staff of hospitals, institutions, public/welfare agencies – such as nurses, case workers, social workers, counselors and rehabilitation teachers. The Certifying Authority must not be related to the applicant.

Check the one **primary disability** preventing you from reading standard print.

\_\_\_\_\_ Blindness      \_\_\_\_\_ Physical Disability      \_\_\_\_\_ Visual Disability

\_\_\_\_\_ Deaf/Blind      \_\_\_\_\_ Reading Disability (MUST BE CERTIFIED BY A  
DOCTOR OF MEDICINE OR OSTEOPATHY)

**Print** Name of Certifying Authority \_\_\_\_\_

Title/Occupation \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby certify that the applicant named above has requested library service and is unable to read or use standard printed material for the reason indicated.

Certifying Authority Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Reading Preferences

I object to books with:

\_\_\_\_\_ Explicit Sex \_\_\_\_\_ Violence \_\_\_\_\_ Rough Language \_\_\_\_\_ Long Books

I wish to receive books in the following languages: \_\_\_\_\_

Check Preferred Reading Level:

\_\_\_\_\_ Adult \_\_\_\_\_ Young Adult \_\_\_\_\_ Juvenile \_\_\_\_\_ Preschool

For students, please indicate reading comprehension level by grade: \_\_\_\_\_

My librarian may make selections from the categories below if I run out of my own requests. \_\_\_\_\_ Yes \_\_\_\_\_ No

Reading Interests: (check up to 10)

_____ Adventure	_____ Gentle/Nostalgic Fict	_____ Religion
_____ Animals	_____ Govt. & Politics	_____ Romance
_____ Best Sellers-Fiction	_____ Health	_____ Science
_____ Best Sellers-Non-Fict	_____ Historical Fiction	_____ Sci-Fi/Fantasy
_____ Biography	_____ History	_____ Self Improvement
_____ Business	_____ Hobbies & Crafts	_____ Short Stories
_____ Christian Fiction	_____ Horror	_____ Sports
_____ Classic Literature	_____ Humor	_____ True Crime
_____ Cooking	_____ Kentucky	_____ Travel
_____ Family Sagas	_____ Mysteries	_____ War Stories
_____ Fine Arts	_____ Poetry	_____ Westerns

Interests or Favorite Authors \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would prefer catalogs and newsletters in:

\_\_\_\_\_ Large Print \_\_\_\_\_ Braille \_\_\_\_\_ Cassette \_\_\_\_\_ E-mail

## **Kentucky Talking Book Library Borrower's Agreement**

As a patron of the Kentucky Talking Book Library, you will have certain responsibilities. Please read the following, then sign and date it to indicate you are aware of our policies. (Please keep in mind that “books” refers to Braille or Talking Books.)

- I understand that books are on loan for 30 days, and must be returned to the Kentucky Talking Book Library within that time.
- I understand that I must request and return at least 1 book every 6 months in order to remain an active patron.
- I understand that all equipment is the property of the Library of Congress, I must take reasonable care of it, and I must return it to the Kentucky Talking Book Library if I am no longer actively using the Talking Book program.
- I understand that I must notify the Kentucky Talking Book Library anytime my name, address, or telephone number changes.
- I understand that I must not lend or give Talking Book equipment or reading materials to any other person.

---

To be signed by the person who will be using Talking Books, or if that person is unable to sign, the person who will be responsible for all Talking Book Library materials.

---

Date

---

**Free matter for the Blind  
and Physically Handicapped  
DMM 703.5**

**Kentucky Department for Libraries & Archives  
Kentucky Talking Book Library  
P O Box 537  
Frankfort KY 40602**

